


# Shelby Energy Cooperative, Inc.

Your Touchstone Energy® Partner 

June 6, 2009

Mr. Richard W. Bertelson III  
Staff Attorney  
Public Service Commission  
211 Sower Blvd.  
P.O. Box 615  
Frankfort, KY 40602

RECEIVED  
JUN - 8 2009  
PUBLIC SERVICE  
COMMISSION

Re: Case No. 2008-0069

Dear Mr Bertelson :

Enclosed is a copy of the safety audits performed at Shelby Energy from May 1, 2009 thru May 31, 2009. This is done in accordance with Item 9 of the settlement agreement dated September 29, 2008.

If you have any questions or need further information please feel free to contact me at (502)643-2778 or by e-mail at [jason@shelbyenergy.com](mailto:jason@shelbyenergy.com).

Sincerely,



Jason Ginn

Safety & Loss Control  
Coordinator



# Shelby Energy Cooperative

Your Touchstone Energy® Partner



## RIGHT OF WAY FIELD INSPECTION FORM

Inspector: DAVID MARTIN

Date: 5-5-09

Position: OPERATIONS MANAGER

Time: 10:30 AM

Company: SHELBY ENERGY

County: TRIMBLE

Address: 620 OLD FINCHWOOD RD

Location: MORTON'S RIDGERD

SHELBYVILLE, KY 40065

Name of Contractor Observed:

Phone#: 502 633-4420

A+G

Weather Conditions: RAINY

Crew Members:

TONY CLARK

Job Description: Cutting ROW

RONNIE

PPE Being Used	Yes	No	N/A	If No--Corrective Action Taken
Hard hat	✓			
Safety glasses	✓			
Fall protection/harness			✓	
Harness Attached to Boom			✓	
Ear Plugs/ Ear Muffs			✓	
Chaps	✓			
Gloves	✓			
Work Area Protection	Yes	No	N/A	If No--Corrective Action Taken
Appropriate work signs	✓			
Flagman required/used			✓	
Flag person properly equipped			✓	
Traffic cones in place			✓	
Trucks Grounded			✓	
Truck Chocks Used	✓			

Miscellaneous Observations	Yes	No	N/A	If No--Corrective Action Taken
Shelby Energy Decals In Place	✓			
Public Hazards Present			✓	
Gaff Guards on Hooks			✓	

Notes/Comments: \_\_\_\_\_


All EMPLOYEES WORKING SAFELY - ALL PPE IN USE

Job Site Findings Discussed With Crew: YES ✓ NO \_\_\_\_\_

Corrective Actions Needed: Yes \_\_\_\_\_ No ✓

If Corrective Actions Taken Explain In Detail: \_\_\_\_\_

Line Supervisor's Signature: 

Inspector's Signature: 

Safety & Loss Control Coordinator Signature: 



# Shelby Energy Cooperative

Your Touchstone Energy® Partner



## RIGHT OF WAY FIELD INSPECTION FORM

Inspector: DAVID MARTIN

Date: 5-5-09

Position: OPERATIONS MANAGER

Time: 1:30

Company: SHelby ENERGY

County: Henry

Address: 620 OLD FINCHVILLE RD.

Location: Vance Rd

Shelbyville, Ky 40065

Name of Contractor Observed:

Phone#: 633-4420

ROBINSON Tree Serv

Weather Conditions: Cloudy

Crew Members:

Alva Robinson

Job Description: Trimming

DAVID Doss

TRIM

PPE Being Used	Yes	No	N/A	If No--Corrective Action Taken
Hard hat	✓			
Safety glasses	✓			
Fall protection/harness	✓			
Harness Attached to Boom	✓			
Ear Plugs/ Ear Muffs	✓			
Chaps	✓			
Gloves	✓			
Work Area Protection	Yes	No	N/A	If No--Corrective Action Taken
Appropriate work signs			✓	
Flagman required/used			✓	
Flag person properly equipped			✓	
Traffic cones in place			✓	
Trucks Grounded			✓	
Truck Chocks Used	✓			

Miscellaneous Observations	Yes	No	N/A	If No--Corrective Action Taken
Shelby Energy Decals In Place	✓			
Public Hazards Present Gaff Guards on Hooks	✓		✓	

Notes/Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Job Site Findings Discussed With Crew: YES  NO

Corrective Actions Needed: Yes  No

If Corrective Actions Taken Explain In Detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Line Supervisor's Signature: Alva Robinson

Inspector's Signature: David Martin

Safety & Loss Control Coordinator Signature: [Signature]



# Shelby Energy Cooperative

Your Touchstone Energy® Partner



## CONTRACTOR FIELD INSPECTION FORM

Inspector: DAVID MARTIN

Date: 5-6-09

Position: OPERATIONS MANAGER  
~~STATION~~

Time: 2:30 P.M.

County: HENRY

Location: DITTO LN

Company: SHelby ENERGY

Address: 620 OLD FINEVILLE RD  
Shelbyville, Ky 40065

Name of Contractor Observed:

DAVIS H. FELLIOTT

Phone #: 502 633 4420

Crew Members: Wally SHOUSE

Weather Conditions: SUNNY

JIM BURTON

Job Description: CHANGING  
POLE

Energized Work Being Performed: YES  NO  Truck#s 1158  
2044

Overhead  Underground  Voltage 7200

Job Briefing	Yes	No	N/A	If No--Corrective Action Taken
Conducted before job & Signed	<input checked="" type="checkbox"/>			
Job procedure covered	<input checked="" type="checkbox"/>			
Energy control procedure	<input checked="" type="checkbox"/>			
PPE used	<input checked="" type="checkbox"/>			
Job hazards	<input checked="" type="checkbox"/>			
Emergency procedures	<input checked="" type="checkbox"/>			
Special precautions	<input checked="" type="checkbox"/>			
Work Area Protection	Yes	No	N/A	If No--Corrective Action Taken
Appropriate work signs			<input checked="" type="checkbox"/>	
Flagman required			<input checked="" type="checkbox"/>	
Flag person used			<input checked="" type="checkbox"/>	
Flag person properly equipped			<input checked="" type="checkbox"/>	
Traffic cones in place			<input checked="" type="checkbox"/>	
Trucks Grounded	<input checked="" type="checkbox"/>			
Truck Chocks Used	<input checked="" type="checkbox"/>			
Personal Protective Grounds			<input checked="" type="checkbox"/>	

PPE Being Used	Yes	No	N/A	If No--Corrective Action Taken
Hard hat	✓			
Safety glasses	✓			
Rubber gloves	✓			
Rubber sleeves	✓			
FR Clothing	✓			
Fall protection	✓			
Rubber Goods Inspections	Yes	No	N/A	If No--Corrective Action Taken
Gloves	✓			
Sleeves	✓			
Line hoses	✓			
Blankets	✓			
Miscellaneous Observations	Yes	No	N/A	If No--Corrective Action Taken
Shelby Energy Decals In Place	✓			
Proper Clearances	✓			
Rolling Grounds in Place			✓	
Public Hazards Present			✓	

Notes/Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Job Site Findings Discussed With Crew: YES ✓ NO \_\_\_\_\_  
 Corrective Actions Needed: Yes \_\_\_\_\_ No ✓  
 If Corrective Actions Taken Explain In Detail: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Line Supervisor's Signature: Wallace Shorn  
 Inspector's Signature: David Martin  
 Safety & Loss Control Coordinator Signature: [Signature]



# Shelby Energy Cooperative

Your Touchstone Energy® Partner



## CO-OP CREW FIELD INSPECTION FORM

Inspector: Bill Massey

Date: 5/19/09

Position: Safety Instructor

Time: 11:00 am

County: Henry

Company: KAEC

Location: Hwy 202

Crew Members:

Address: \_\_\_\_\_

Elliott - Contractor

Louisville

Phone #: 502 523 5407

Josh Lakes

Weather Conditions: Sunny

Brian Bingham

Scott New

Job Description: \_\_\_\_\_

Jim Burton

Pulling wire

Energized Work Being Performed: YES  NO  Truck#s 1158  
2044

Overhead  Underground  Voltage 7200

Job Briefing	Yes	No	N/A	If No--Corrective Action Taken
Conducted before job & Signed	<input checked="" type="checkbox"/>			
Job procedure covered	<input checked="" type="checkbox"/>			
Energy control procedure	<input checked="" type="checkbox"/>			
PPE used	<input checked="" type="checkbox"/>			
Job hazards	<input checked="" type="checkbox"/>			
Emergency procedures	<input checked="" type="checkbox"/>			
Special precautions	<input checked="" type="checkbox"/>			
Work Area Protection	Yes	No	N/A	If No--Corrective Action Taken
Appropriate work signs			<input checked="" type="checkbox"/>	
Flagman required			<input checked="" type="checkbox"/>	
Flag person used			<input checked="" type="checkbox"/>	
Flag person properly equipped			<input checked="" type="checkbox"/>	
Traffic cones in place			<input checked="" type="checkbox"/>	
Trucks Grounded	<input checked="" type="checkbox"/>			
Truck Chocks Used	<input checked="" type="checkbox"/>			
Personal Protective Grounds			<input checked="" type="checkbox"/>	



PPE Being Used	Yes	No	N/A	If No--Corrective Action Taken
Hard hat	✓			
Safety glasses	✓			
Rubber gloves	✓			
Rubber sleeves	✓			
FR Clothing	✓			
Fall protection	✓			
Rubber Goods Inspections	Yes	No	N/A	If No--Corrective Action Taken
Gloves			✓	
Sleeves			✓	
Line hoses			✓	
Blankets			✓	

Notes/Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Job Site Findings Discussed With Crew: YES ✓ NO \_\_\_\_\_

Corrective Actions Needed: Yes \_\_\_\_\_ No ✓

If Corrective Actions Taken Explain In Detail: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Line Supervisor's Signature: J. But

Inspector's Signature: Bill Macey

Safety & Loss Control Coordinator Signature: [Signature]



# Shelby Energy Cooperative

Your Touchstone Energy® Partner



## CO-OP CREW FIELD INSPECTION FORM

Inspector: Bill Massey

Date: 5-19-09

Position: Safety Instructor

Time: 12:05

Company: KATCO

County: Henry Trimble

Address: \_\_\_\_\_

Location: Milton 421 N

Louisville

Crew Members:

Phone #: 502 523 5407

Chip Wheeler

Benji Bohannon

Weather Conditions: Sunny

Job Description: Install  
new service

Energized Work Being Performed: YES  NO \_\_\_\_\_ Truck#'s 33

Overhead  Underground \_\_\_\_\_ Voltage \_\_\_\_\_

Job Briefing	Yes	No	N/A	If No--Corrective Action Taken
Conducted before job & Signed	<input checked="" type="checkbox"/>			
Job procedure covered	<input checked="" type="checkbox"/>			
Energy control procedure	<input checked="" type="checkbox"/>			
PPE used	<input checked="" type="checkbox"/>			
Job hazards	<input checked="" type="checkbox"/>			
Emergency procedures	<input checked="" type="checkbox"/>			
Special precautions	<input checked="" type="checkbox"/>			
Work Area Protection	Yes	No	N/A	If No--Corrective Action Taken
Appropriate work signs			<input checked="" type="checkbox"/>	
Flagman required			<input checked="" type="checkbox"/>	
Flag person used			<input checked="" type="checkbox"/>	
Flag person properly equipped			<input checked="" type="checkbox"/>	
Traffic cones in place			<input checked="" type="checkbox"/>	
Trucks Grounded	<input checked="" type="checkbox"/>			
Truck Chocks Used	<input checked="" type="checkbox"/>			
Personal Protective Grounds			<input checked="" type="checkbox"/>	

PPE Being Used	Yes	No	N/A	If No--Corrective Action Taken
Hard hat	✓			
Safety glasses	✓			
Rubber gloves	✓			
Rubber sleeves	✓			
FR Clothing	✓			
Fall protection	✓			
Rubber Goods Inspections	Yes	No	N/A	If No--Corrective Action Taken
Gloves	✓			
Sleeves	✓			
Line hoses			✓	
Blankets			✓	

Notes/Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 Crew working safely  
 Trucks + tools in good condition  
 \_\_\_\_\_  
 \_\_\_\_\_

Job Site Findings Discussed With Crew: YES  NO

Corrective Actions Needed: Yes  No

If Corrective Actions Taken Explain In Detail: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Line Supervisor's Signature: Chip Wheeler

Inspector's Signature: Bill Mauer

Safety & Loss Control Coordinator Signature: [Signature]



# Shelby Energy Cooperative

Your Touchstone Energy® Partner



## RIGHT OF WAY FIELD INSPECTION FORM

Inspector: Bill Massey

Date: 5-19-09

Position: Safety Instructor

Time: 1:30 pm

Company: HAEC

County: Trimble

Address: Louisville

Location: Morton Ridge

Name of Contractor Observed:

Phone#: \_\_\_\_\_

A+C

Weather Conditions: Sunny

Crew Members:

Ronnie Obannon

Job Description: Tree Trimming

PPE Being Used	Yes	No	N/A	If No--Corrective Action Taken
Hard hat	✓			
Safety glasses		✓		Explained need for eye prot
Fall protection/harness			✓	
Harness Attached to Boom			✓	
Ear Plugs/ Ear Muffs	<del>✓</del>	✓		Discussed Safety Issue
Chaps	✓	✓		
Gloves	✓			
Work Area Protection	Yes	No	N/A	If No--Corrective Action Taken
Appropriate work signs			✓	
Flagman required/used			✓	
Flag person properly equipped			✓	
Traffic cones in place			✓	
Trucks Grounded			✓	
Truck Chocks Used	✓			Explained Importance of truck chock

Miscellaneous Observations	Yes	No	N/A	If No--Corrective Action Taken
Shelby Energy Decals In Place	<input checked="" type="checkbox"/>			
Public Hazards Present			<input checked="" type="checkbox"/>	
Gaff Guards on Hooks			<input checked="" type="checkbox"/>	

Notes/Comments: \_\_\_\_\_

Crew needs to wear chaps  
when cutting on the ground.  
Need safety glasses.  
Truck needs to be choaked

Job Site Findings Discussed With Crew: YES  NO \_\_\_\_\_

Corrective Actions Needed: Yes \_\_\_\_\_ No

If Corrective Actions Taken Explain In Detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Line Supervisor's Signature: Ronnie Obenice

Inspector's Signature: Bill Massey

Safety & Loss Control Coordinator Signature: \_\_\_\_\_



# Shelby Energy Cooperative

Your Touchstone Energy® Partner



## CO-OP CREW FIELD INSPECTION FORM

Inspector: Bill Massey

Date: 5-19-09

Position: Safety Instructor

Time: 9:00 am

County: \_\_\_\_\_

Company: KAEC

Location: \_\_\_\_\_

Address: \_\_\_\_\_

Crew Members:

Louisville

Mike Clark

Phone #: 502-523-5407

Berry Warford

Weather Conditions: Sunny

Dale Thomas

Job Description: \_\_\_\_\_

Install Service Pole  
+ Service

Energized Work Being Performed: YES \_\_\_\_\_ NO  Truck#s 22 & 11

Overhead  Underground \_\_\_\_\_ Voltage 7200

Job Briefing	Yes	No	N/A	If No--Corrective Action Taken
Conducted before job & Signed	<input checked="" type="checkbox"/>			
Job procedure covered	<input checked="" type="checkbox"/>			
Energy control procedure	<input checked="" type="checkbox"/>			
PPE used	<input checked="" type="checkbox"/>			
Job hazards	<input checked="" type="checkbox"/>			
Emergency procedures	<input checked="" type="checkbox"/>			
Special precautions	<input checked="" type="checkbox"/>			
Work Area Protection	Yes	No	N/A	If No--Corrective Action Taken
Appropriate work signs			<input checked="" type="checkbox"/>	
Flagman required			<input checked="" type="checkbox"/>	
Flag person used			<input checked="" type="checkbox"/>	
Flag person properly equipped			<input checked="" type="checkbox"/>	
Traffic cones in place			<input checked="" type="checkbox"/>	
Trucks Grounded			<input checked="" type="checkbox"/>	
Truck Chocks Used	<input checked="" type="checkbox"/>			
Personal Protective Grounds			<input checked="" type="checkbox"/>	

PPE Being Used	Yes	No	N/A	If No--Corrective Action Taken
Hard hat	<input checked="" type="checkbox"/>			
Safety glasses	<input checked="" type="checkbox"/>			
Rubber gloves			<input checked="" type="checkbox"/>	
Rubber sleeves			<input checked="" type="checkbox"/>	
FR Clothing	<input checked="" type="checkbox"/>			
Fall protection	<input checked="" type="checkbox"/>			
Rubber Goods Inspections	Yes	No	N/A	If No--Corrective Action Taken
Gloves	<input checked="" type="checkbox"/>			
Sleeves	<input checked="" type="checkbox"/>			
Line hoses			<input checked="" type="checkbox"/>	
Blankets			<input checked="" type="checkbox"/>	

Notes/Comments:

Job site looked good. Safety rules were being followed.

Trucks + tools in good condition.

Fire ext. on truck #11 needs to be mounted

Job Site Findings Discussed With Crew: YES  NO

Corrective Actions Needed: Yes  No

If Corrective Actions Taken Explain In Detail:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Line Supervisor's Signature: [Signature]

Inspector's Signature: Bill Maney

Safety & Loss Control Coordinator Signature: Bill Maney  
[Signature]